


REGISTRATION FORM

Title: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Student.	
First Name _____ Surname _____	
E-mail: _____ Ph.: ____ / ____ / ____ Fax: ____ / ____ / ____	
Contact Address <input type="checkbox"/> Office <input type="checkbox"/> Home	
Institution / Company _____	
Street or P.O. Box _____	
Zip-Code _____ City _____ Country _____	
Accompanying Person:	
1. First Name _____	Surname _____ <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
2. First Name _____	Surname _____ <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
3. First Name _____	Surname _____ <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
Fields in bold are mandatory	

NAME BADGE INFORMATION

Please state here how your name / institution or company should be printed on the name badge

First Name _____ Surname _____	
Institution / Company _____ Country _____	

ABSTRACT SUBMISSION

I Would like to present a Communication <input type="checkbox"/> Yes <input type="checkbox"/> No
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VISA INVITATION LETTER REQUEST

(Only for participants from countries that need visa entry for TUNISIA)

<input type="checkbox"/> I need an invitation letter	Deadline : February 26 th , 2007. Application and authorization is the sole responsibility of participant.
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Please

Fax this form to Dr Mounir ZILI: + 216 73230691

Or

mail it to: Dr Mounir ZILI - Ecole Préparatoire Aux Académies Militaires A Sousse- Avenue Maréchal Tito- 4029- Sousse- Tunisia.